

Contents for Part 3

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Sections 3.2.4. and 3.4. appear only in the OAAS version of this publication.

c. **Private Insurance Number** Enter Private Insurance number here if applicant has a private insurer. The name of the private insurer may also be abbreviated and entered here in the blocks. Leave blank if none.

d. **Veterans' Admin (VA) Number** Enter the VA number here if the applicant has one.

c. Private Insurance Number and Name (Abbr Name)															
d. Veteran's Administration Number															
e. Medicare Number (or comparable railroad insurance number):															
f. CCN															

e. **Medicare Number (or Comparable Railroad Insurance Number):**

Remember that a Medicare Number has nine numeric digits and an alpha suffix or an alpha-numeric suffix.

f. **Card Control Number (CCN)**

The Card Control Number is the 16-digit number found on the applicant's Medicaid card.

3.2.2. Assign Organizational Levels Responsible for Client

1. **First Level:** Program Name / Service: This field is pre-filled on the LOCET Hardcopy for Nursing Facilities. The entry here will always be "zero."

2. **Second Level:** Region Number: Enter the DHH Administrative Region (number) where the applicant resides. If the applicant is entering a Nursing Facility, the region number of the Nursing Facility will be entered here. See DHH Regions Table at the end of this section.

3. **Third Level:** Case Management / Program Agency: This level will be not be used for Nursing Facility submissions.

1	First Level	Program Name/Service	0
2	Second Level	DHH Region Number	
3	Third Level	Case Management/Program Agency	Reserved for other use
4	Fourth Level	MDS-HC Assessor	Reserved for other use
5	Fifth Level	Where Interview Conducted: 1. Home 5. PACE 2. Nursing Home 6. ADHC 3. Hospital 7. ARCP 4. ICF/DD 8. Telephone	

4. **Fourth Level:** MDS-HC Assessor:

This level will be not be used for Nursing Facility submissions.

5. **Fifth Level:** Where Interview Conducted: Enter appropriate choice for location of LOCET interview. Choose "8" for "Telephone" if the LOCET is to be conducted by telephone interview.

3.2.3. Personal Information

1. **Gender:** Enter 1 if male, 2 if female.
2. **Birthdate:** Enter applicant's 8-digit birthdate as indicated.
3. **Race / Ethnicity:** Answer no or yes for each item, a through f. Use 0 for no, 1 for yes.
4. **Marital Status:** Make appropriate Selection.
5. **Language:** Enter number which represents applicant's primary language.
6. **Education (Highest Level Completed):** Indicate highest level of applicant's education.

1	Gender	1. Male 2. Female																					
2	Birth date	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>		Y	Y	Y	Y	M	M	D	D												
Y	Y	Y	Y	M	M	D	D																
3	Race/Ethnicity	<table border="1"> <tr> <td colspan="2">0. No</td> <td colspan="2">1. Yes (Answer All)</td> </tr> <tr> <td colspan="2">Race:</td> <td colspan="2">d. Native Hawaiian or other Pacific Islander.....</td> </tr> <tr> <td>a. Amer. Indian / Alaskan Native.....</td> <td></td> <td colspan="2">e. White.....</td> </tr> <tr> <td>b. Asian.....</td> <td></td> <td colspan="2">f. Hispanic or Latino.....</td> </tr> <tr> <td>c. Black / African American.....</td> <td></td> <td colspan="2">Ethnicity:</td> </tr> </table>		0. No		1. Yes (Answer All)		Race:		d. Native Hawaiian or other Pacific Islander.....		a. Amer. Indian / Alaskan Native.....		e. White.....		b. Asian.....		f. Hispanic or Latino.....		c. Black / African American.....		Ethnicity:	
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4	Marital Status	<table border="1"> <tr> <td>1. Never Married</td> <td>3. Widowed</td> <td>5. Divorced</td> </tr> <tr> <td>2. Married</td> <td>4. Separated</td> <td>6. Other</td> </tr> </table>		1. Never Married	3. Widowed	5. Divorced	2. Married	4. Separated	6. Other														
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7	Responsibility / Advanced Directives	<table border="1"> <tr> <td colspan="2">(Code for responsibility / advanced directives)</td> </tr> <tr> <td colspan="2">0. No 1. Yes</td> </tr> <tr> <td colspan="2">a. Client has a legal guardian</td> </tr> <tr> <td colspan="2">b. Client has advanced medical directives in place. (for example, a do not hospitalize order)</td> </tr> </table>		(Code for responsibility / advanced directives)		0. No 1. Yes		a. Client has a legal guardian		b. Client has advanced medical directives in place. (for example, a do not hospitalize order)													
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7. Responsibility / Advanced Directives

- a. **Client has a legal guardian:** Indicate yes or no (1 or 0, respectively) for this item. Remember that a legal guardian is a court-appointed guardian for an individual. A legal guardian and a personal representative are not the same.
- b. **Client has advanced medical directives in place.** (for example, a do not hospitalize order): Indicate yes or no (1 or 0, respectively) for this item.

3.2.5. Contact Information:

All phone /fax numbers must be in 10-digit format, separated by dashes, as shown here: xxx-xxx-xxxx.

All e-mail addresses must display proper format. Example: name@ domain.com

E. CONTACT INFORMATION																																												
1.	Client Contact Info	<table border="1"> <tr> <td colspan="3">a. Address 1:</td> </tr> <tr> <td colspan="3">b. Address 2:</td> </tr> <tr> <td>c. City:</td> <td>d. State:</td> <td>e. Zip:</td> </tr> <tr> <td colspan="2">f. Home Tel:</td> <td>g. Work Tel:</td> </tr> <tr> <td colspan="2">h. Cell Tel:</td> <td>i. Fax Tel:</td> </tr> <tr> <td colspan="3">j. EMail:</td> </tr> <tr> <td colspan="3">k. Directions:</td> </tr> <tr> <td colspan="3">l. Facility</td> </tr> <tr> <td colspan="3">m. Parish</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td colspan="3">n. Name:</td> </tr> <tr> <td colspan="3">o. Address 1:</td> </tr> <tr> <td colspan="3">p. Address 2:</td> </tr> <tr> <td>q. City:</td> <td>r. State:</td> <td>s. Zip:</td> </tr> </table>	a. Address 1:			b. Address 2:			c. City:	d. State:	e. Zip:	f. Home Tel:		g. Work Tel:	h. Cell Tel:		i. Fax Tel:	j. EMail:			k. Directions:			l. Facility			m. Parish			Mailing Address			n. Name:			o. Address 1:			p. Address 2:			q. City:	r. State:	s. Zip:
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j. EMail:																																												
k. Directions:																																												
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7.2.5.1. Client Contact Info:

Items a. through k. Complete fully, indicating the applicant's home address and other contact information. The applicant's home address must be entered here even if he/she is entering (or has entered) a Nursing Facility.

Item 1.l: The name of the Nursing Facility the applicant is entering will be entered in 1.l.

Item 1.m: The parish where the Nursing Facility is located will be entered in Item 1.m.

Client Contact Info	Home		
	a. Address 1:		
	b. Address 2:		
	c. City:	d. State:	e. Zip:
	f. Home Tel:		g. Work Tel:
	h. Pager Tel:		i. Fax Tel:
	j. E-mail:		
	k. Directions:		
	l. Facility Name:		
	m. Parish:		

Client Contact Info	Mailing Address if Different From Primary Address		
	n. Name:		
	o. Address 1:		
	p. Address 2:		
	q. City:	r. State:	s. Zip:

Item 1.n through 1.s: Enter the client's mailing address in these items only if it is different from the home address shown in Items 1.a. through 1.k. If the mailing address is the same as Items 1.a. through 1.k.,

leave Items 1.n through 1.s blank. Do not enter "Same" or "Same as above" or anything else in these items.

7.2.5.2. Emergency Contact Info:

Complete in entirety (a. through j.) for the applicant's emergency contact.

7.2.5.3. Physician Contact Info:

The applicant's primary physician's contact information will be recorded in this section (items a. through k.)

7.2.5.4. Other Contact:

If an applicant has an additional contact person other than the emergency contact person shown in item 2.a through 2.j, OR, if the applicant has a personal representative, tutor, curator, power of attorney or other specially-designated contact, his/her information must be included in Item 4.a. through 4.k. This contact's designation (personal representative, tutor, curator, power of attorney or other) must be selected in Item 4. using the numeric indicators shown. Leave this item blank if there is no specially-designated contact.

Emergency Contact Info	a. Name		
	b. Address 1:		
	c. Address 2:		
	d. City:	e. State:	f. Zip:
	g. Home Tel:	h. Work Tel:	
	i. Pager Tel:	j. Fax Tel:	
	k. E-mail:		

Other Contact Info	Type of Other Contact		
	1. Personal Representative	4. Power of Attorney	
	2. Tutor	5. Other (specify):	
	3. Curator		
	a. Name:		
	b. Address 1:		
	c. Address 2:		
	d. City:	e. State:	f. Zip:
	g. Home Tel:	h. Work Tel:	
	i. Pager Tel:	j. Fax Tel:	
	k. E-mail:		

3.5. Louisiana DHH Regions

(Find the parish in which the applicant resides on the table below; note the designated DHH Region that corresponds with the parish in “B.2. of Client Face Sheet.)

<i>Parish</i>	<i>DHH Region</i>	<i>Parish</i>	<i>DHH Region</i>
Acadia	4	Madison	8
Allen	5	Morehouse	8
Ascension	2	Natchitoches	7
Assumption	3	Orleans	1
Avoyelles	6	Ouachita	8
Beauregard	5	Plaquemines	1
Bienville	7	Pointe Coupee	2
Bossier	7	Rapides	6
Caddo	7	Red River	7
Calcasieu	5	Richland	8
Caldwell	8	Sabine	7
Cameron	5	St. Bernard	1
Catahoula	6	St. Charles	3
Claiborne	7	St. Helena	9
Concordia	6	St. James	3
DeSoto	7	St. John the Baptist	3
East Baton Rouge	2	St. Landry	4
East Carroll	8	St. Martin	4
East Feliciana	2	St. Mary	3
Evangeline	4	St. Tammany	9
Franklin	8	Tangipahoa	9
Grant	6	Tensas	8
Iberia	4	Terrebonne	3
Iberville	2	Union	8
Jackson	8	Vermilion	4
Jefferson Davis	5	Vernon	6
Jefferson	1	Washington	9
Lafayette	4	Webster	7
Lafourche	3	West Baton Rouge	2
LaSalle	6	West Carroll	8
Lincoln	8	West Feliciana	2
Livingston	9	Winn	6